## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074028

Entity Name: SPLIT LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1172 SOUTH DIXIE HWY STE 580

SUITE #580 SUITE #580 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

P.O. BOX 248759 PO BOX 248579

CORAL GABLES, FL 33124 CORAL GABLES, FL 33124

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DARJI, MEHAL
1172 SOUTH DIXIE HWY

DARJI, MEHAL
1172 S DIXIE HWY STE 580

SUITE #580 SUITE #580 CORAL GABLES, FL 33146 US CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MEHAL DARJI 04/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 DARJI, MEHAL J
 Name:
 DARJI, MEHAL J

 Address:
 PO BOX 248759
 Address:
 1172 S DIXIE HWY STE 580

City-St-Zip: CORAL GABLES, FL 33124 City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

Name: Name: DARJI, VILAS

Address: Address: 1172 S DIXIE HWY STE 580
City-St-Zip: City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MEHAL DARJI MGR 04/14/2009